



Consent and Release to Use Child's Artwork

Child's Name: _____ DOB: _____ Age: _____
(print)

Parent/Legal Guardian's Name: _____
(print)

I understand that my child's artwork is a gift to Johns Hopkins All Children's Hospital, Inc. or All Children's Hospital Foundation, Inc. in support of the overall mission of the hospital. I understand that the artwork may be used for social media, presentations or other similar purposes. I also understand and agree that it may be reproduced and printed on items that could be used for fundraising and other marketing/recognition purposes on behalf of Johns Hopkins All Children's Hospital. I give permission to Johns Hopkins All Children's Hospital, Inc. and All Children's Hospital Foundation, Inc. to use my child's artwork as described in this form.

Parent/Legal Guardian Signature: _____ Date: _____

Child Signature (if appropriate): _____ Date: _____

Witness: _____ Date: _____

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